

County: Grant

Facility ID: 5110

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LANCASTER CARE CENTER

1350 SOUTH MADISON STREET

LANCASTER 53813

Phone: (608) 723-4143

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 70

Total Licensed Bed Capacity (12/31/03): 70

Number of Residents on 12/31/03: 59

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Limited Liability Company

Skilled

No

Yes

Yes

63

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		23.7
Supp. Home Care-Personal Care	No					1 - 4 Years		49.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		20.3
Day Services	No	Mental Illness (Org./Psy)	6.8	65 - 74	8.5			----
Respite Care	Yes	Mental Illness (Other)	3.4	75 - 84	33.9			93.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.1		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	27.1	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	3.4		-----	RNs		8.4
Referral Service	Yes	Diabetes	11.9	Gender	%	LPNs		10.2
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	42.4	Male	25.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	74.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	216	39	100.0	112	0	0.0	0	17	100.0	140	0	0.0	0	0	0.0	59	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		39	100.0		0	0.0		17	100.0		0	0.0		0	0.0	59	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	3.0	Bathing	8.5	50.8	40.7	59
Private Home/With Home Health	9.0	Dressing	11.9	84.7	3.4	59
Other Nursing Homes	3.0	Transferring	30.5	57.6	11.9	59
Acute Care Hospitals	68.7	Toilet Use	28.8	59.3	11.9	59
Psych. Hosp.-MR/DD Facilities	9.0	Eating	62.7	23.7	13.6	59
Rehabilitation Hospitals	1.5	*****				
Other Locations	6.0					
Total Number of Admissions		Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.2	Receiving Respiratory Care		3.4
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	35.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	38.7	Occ/Freq. Incontinent of Bowel	25.4	Receiving Suctioning		0.0
Other Nursing Homes	4.0			Receiving Ostomy Care		6.8
Acute Care Hospitals	13.3	Mobility		Receiving Tube Feeding		1.7
Psych. Hosp.-MR/DD Facilities	1.3	Physically Restrained	3.4	Receiving Mechanically Altered Diets		25.4
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	42.7	With Pressure Sores	3.4	Have Advance Directives		83.1
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	75			Receiving Psychoactive Drugs		72.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.4	84.6	1.06	88.0	1.02	88.1	1.01	87.4	1.02
Current Residents from In-County	91.5	75.5	1.21	72.9	1.25	69.7	1.31	76.7	1.19
Admissions from In-County, Still Residing	25.4	18.9	1.34	20.1	1.26	21.4	1.18	19.6	1.29
Admissions/Average Daily Census	106.3	152.9	0.70	129.5	0.82	109.6	0.97	141.3	0.75
Discharges/Average Daily Census	119.0	154.8	0.77	130.3	0.91	111.3	1.07	142.5	0.84
Discharges To Private Residence/Average Daily Census	46.0	63.8	0.72	52.2	0.88	42.9	1.07	61.6	0.75
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	98.3	93.7	1.05	94.2	1.04	93.1	1.06	87.8	1.12
Title 19 (Medicaid) Funded Residents	66.1	66.0	1.00	66.3	1.00	68.8	0.96	65.9	1.00
Private Pay Funded Residents	28.8	19.0	1.51	21.6	1.33	20.5	1.40	21.0	1.37
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	10.2	31.3	0.33	36.2	0.28	38.2	0.27	33.6	0.30
General Medical Service Residents	42.4	23.7	1.79	21.5	1.97	21.9	1.94	20.6	2.06
Impaired ADL (Mean)	44.1	48.4	0.91	48.4	0.91	48.0	0.92	49.4	0.89
Psychological Problems	72.9	50.1	1.45	53.4	1.37	54.9	1.33	57.4	1.27
Nursing Care Required (Mean)	5.1	6.6	0.77	6.9	0.74	7.3	0.70	7.3	0.69